Complete if Known FEE TRANSMITTAL FOR 10/580,336 **Application Number ELECTRONIC FILING SYSTEM** Filing Date 05/24/2006 First Named Inventor Shun TAKAHASHI **FOR FY2009 Examiner Name** NERANGIS, VICKEY MARIE Applicant claims small entity status. See 37 CFR 1.27 Art Unit 1762 TOTAL AMOUNT OF PAYMENT (\$) ITO-105-PCT 220 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify); Deposit Account Name: IPUSA, PLLC Deposit Account Deposit Account Number: 50-4424 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) ✓ Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES **EXAMINATION FEES Small Entity Small Entity Small Entity** Fees Paid (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) 220 Utility 330 165 540 270 110 50 Design 220 140 70 110 100 220 170 85 Plant 110 330 165 650 325 330 165 540 270 Reissue **Provisional** 220 110 0 0 0 0 Small Entity 2. EXCESS CLAIM FEES Fee (\$) <u>Fee (\$)</u> Fee Description 52 26 Each claim over 20 (including Reissues) 110 Each independent claim over 3 (including Reissues) 220 390 195 Multiple dependent claims Multiple Dependent Claims **Total Claims** Extra Claims <u> Fee Paid (\$)</u> Fee (\$) Fee Paid (\$) Fee (\$) __ - 20 or HP = _ X _ HP = highest number of total claims paid for, if greater than 20. Extra Claims Fee Paid (\$) Indep. Claims Fee (\$) 220 $4 - 3 \text{ or HP} = 1 \times 1$ 220 HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE For applications submitted via the electronic filing system, the paper size equivalent of the specification and drawings is considered to be 75% of the number of sheets. See 37 C.F.R. § 1.52(f)(2). Number of each additional 50 or fraction thereof Fee Paid (\$) <u>Fee (\$)</u> **Extra Sheets Total Sheets** (round up to a whole number) x 270 x 0.75 -100 **a**_ / 50 =

SUBMITTED BY			
Signature	mortin a. Weeks	Registration No. 37,753 (Attorney/Agent)	Telephone (202) 797-4181
Name (Print/Type) Martin A. Weeks			Date 3/12/2011

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

4. OTHER FEE(S)

Other (e.g., late filing surcharge):